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Page

INTRODUCTION 2

PROGRAMME AND FINANCIAL HIGHLIGHTS 4

I. REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION 8

A. Africa (sub-Saharan) 8

B. Arab States and Europe 14

C. Asia and the Pacific 20

(continued in DP/1992/24(Part II and Part III))

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INTRODUCTION

During the course of the first three United Nations development decades, the population of the developing world doubled, growing from 2 billion in 1960 to 4 billion in 1990. Rapid growth will continue throughout the fourth development decade. Indeed, as indicated in the International Development Strategy for the Fourth United Nations Development Decade, which commenced on 1 January 1991, "The 1990s will see the largest increase in the population of developing countries of any decade in history, an increase of well over 20 per cent" (para. 95).

Although such figures are daunting, and in many ways disturbing, there is perhaps more reason for optimism today than at any time in the past 30 years. For example, virtually all concerned parties have resolved to work together to help solve the world's numerous population problems. As a result, we can be encouraged that we will in fact take the critical additional measures needed during the 1990s in order to cut in half the current population growth rate in developing countries -- from 2 per cent to only 1 per cent -- by the year 2020, and by so doing, put the world on a realistic path to reach a stabilized population level of around 10 billion people by some time in the middle of the next century. However, were this optimism to prove to be ill-founded, the world's population could continue to grow until the middle of the twenty-second century and reach a total of 15 billion or even 20 billion according to the medium/high variant projection of the United Nations in its recently published report on "Long-range World Population Projections".

Despite the best efforts of Governments, UNFPA, United Nations agencies and organizations, non-governmental organizations and others, many concerned citizens and policy makers are not fully aware of just how much progress developing countries have -- and with increasing momentum -- made in formulating population policies and programmes and in expanding accessibility to voluntary family planning services to those who desire them. Such progress is the main reason for today's optimism. For example:

- Today, approximately 400 million couples in developing countries are using some means of family planning. This represents a 10-fold increase over the estimated 40 million users in 1971, the year UNFPA first became fully operational. In percentage terms, the increase in users has grown from 12-14 per cent in 1971 to 51 per cent today.

- The average number of births per woman in the developing world has fallen from 6 in the period 1965-1970 to 3.8 today, a drop of more than 37 per cent.

This steadily accelerating progress in providing couples with the information and means required to freely exercise their human right to determine the number and the spacing of their children has been made:

- in one short generation,

- at low cost,

- and with users and the Governments of the developing countries -- despite their worsening economic situations throughout the 1980s and the first two years of the 1990s -- finding the ways and means to pay for well over 70 per cent of the costs of these programmes and services.

Particularly given the adverse circumstances prevailing in most developing countries, these are indeed remarkable achievements that have already helped to produce a world population that is well over 400 million smaller than it otherwise would have been. And if the present trend line of greater contraceptive use were -- with the indispensable help of greater international assistance -- to continue, the comparable reduction in population in developing countries by the year 2050 would total over 3 billion.

A growing majority of leaders and citizens alike in the north, south, east and west believe that the foremost challenges facing the world in the 1990s are mass poverty and environmental degradation, with population factors such as distribution, migration, unplanned urbanization and, most notably, excessive growth contributing considerably to each. Only action to achieve a sustainable balance between human populations, their wiser use of resources and sustained development holds out the hope of reversing numerous highly worrisome trends.

If we are serious about reversing these trends, there are a number of areas that require immediate action. These include:

(a) a change in development priorities towards the social sectors;

(b) a direct and all-out attack on poverty itself;

(c) a shift to cleaner technologies, energy efficiency and resource conservation by all countries, but especially by the richer quarter of the world's population;

(d) a decisive improvement in the status of girls and women; and

(e) the inclusion of population elements in development planning, along with better financed population programmes.

There have been many positive explicit policy statements and developments on population issues since the adoption of the Amsterdam Declaration two-and-one-half years ago that have set the stage for accelerated progress in the 1990s. Among the most important are:

(a) The Programme of Action of the Second United Nations Conference on the Least Developed Countries;

(b) The Plan of Action of the World Summit for Children;

(c) General Assembly resolution 45/216 of 21 December 1990 entitled "Population and Development";

(d) The policy statement for the 1990s of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development and DAC's follow-up meetings and reports throughout 1990 and 1991, which highlight the imperative need to slow population growth in the many countries where it is too high to permit sustainable development;

(e) The report of the South Commission entitled "The Challenge of the South", which includes numerous statements stressing that action to contain the rise in population cannot be postponed but must be taken now;

(f) The integration of population dynamics into the action-oriented Agenda 21 of the upcoming United Nations Conference on Environment and Development, which recognizes that population, along with consumption and technology, are the major driving forces of environmental change;

(g) ECOSOC resolution 1991/93 of July 1991 which decided that the 1994 International Conference on Population -- of which I have the distinguished honour to serve as Secretary-General -- should henceforth be called the International Conference on Population and Development, with the overall theme of the Conference to be population, sustained growth and sustainable development;

(h) Recent strong, thoughtful statements by numerous Nobel prize winners who participated in the televised "Great Nobel Debate", and those by Robert McNamara, Maurice Strong, and the International Monetary Fund Managing Director Michel Camdessus -- who have all made it clear that unless rapid population growth is ended soon, in ways that are compatible with national cultures and values, "vast portions of the human race are doomed to poverty and all the ills that acccompany it";

(i) The major increase in World Bank loans in population and related areas and increased interest in the population assistance area by the Asian Development Bank.

Such favourable developments notwithstanding, far less progress has been made over the course of the past two years in the important area of substantially increasing population assistance to developing countries --particularly the poorest -- which is called for in the International Development Strategy, the DAC policy statement for the 1990s and the Amsterdam Declaration.

It should be recalled in this context that the Amsterdam Declaration, adopted by the International Forum on Population in the Twenty-First Century and positively commented upon both in decisions of the Governing Council and in resolutions of the General Assembly, calls for a doubling of monies spent on population programmes in the 1990s -- to an annual total of $9 billion by the year 2000. This would include an increase in the share of such monies coming from the developed countries from less than 20 per cent of the current annual total of $4.5 to $5 billion spent on population programmes and services in the developing world to around 40-45 per cent of the projected $9 billion annual total by the year 2000. Such substantial increases are essential in order to take full advantage of the growing desire of more and more men and women to have fewer, better spaced, healthier children.

During the 1970s, population assistance averaged 2 cents per dollar of Official Development Assistance (ODA); during the 1980s it averaged only 1.22 cents per dollar. Today, only three countries (Norway, the United States of America and Finland) provide more than 2 cents per ODA dollar to finance population activities, despite the highly encouraging policy statements by DAC that its members stand ready to help developing countries "fund and implement effective population strategies as a matter of priority".

If we want the population portion of the IDS effectively implemented, and as a consequence to greatly improve the prospects of making major progress in reducing poverty and stemming environmental degradation, we at UNFPA propose that all developed donor countries pledge their best efforts to steadily increase the proportion of their ODA going to finance population activities so that it reaches 4 per cent of their ODA in the year 2000. In this regard, we pay tribute to Norway, which throughout the 1980s extended more than 4 per cent of its ODA to population and related activities.

The noteworthy performance of Norway strongly points up that such a proposal is totally realistic and eminently attainable. If all donor countries strive to increase their contributions to population activities in developing countries to at least 2 per cent of their ODA by 1993, to 3 per cent by 1997 and to 4 per cent by 2000 -- and especially if their level of ODA were to rise to at least 0.7 per cent of their GNP -- then UNFPA's optimism of today will prove to have been well-founded. If we are indeed prepared to work actively to solve the world's population challenges and to provide the necessary funding, the Fourth United Nations Development Decade can help pave the way to a bright new millennium.

Nafis Sadik
Executive Director

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UNFPA IN 1991:

PROGRAMME AND FINANCIAL HIGHLIGHTS

Pledges and contributions

- Income in 1991 (provisional) totalled $224.2 million, compared to 1990 income of $212.4 million, an increase of 5.6 per cent compared to 1990.

- Pledges to UNFPA's general resources in 1991 totalled $220.7 million, $14.9 million more than 1990, a percentage increase of 7.2 per cent. At year's end, cumulative pledges through 1991 totalled $2.4 billion from a cumulative total of 159 donors.

- The number of donors in 1991 totalled 96. There were two first-time donors in 1991 (Gabon and Guinea).

- The Fund's ongoing efforts to seek additional resources for population projects and programmes through multi-bilateral and other arrangements generated an additional $8.0 million during 1991 for projects with allocations totalling $12.5 million at year-end (see part III).

Allocations and expenditures

- Total (provisional) programmable resources for 1991 were $167.3 million, compared to $168.5 million for 1990.

- Project allocations in 1991 totalled $212.0 million, including $42.0 million of unspent allocations from 1990. Project allocations in 1990 totalled $210.9 million, including $36.8 million of unspent allocations from 1989. Project expenditures (provisional) for 1991 totalled $170.8 million compared to project expenditures in 1990 of $168.9 million.

- Expenditures (provisional) in 1991 totalled $227.3 million, compared to $221.3 million in 1990. The 1991 figure includes $120.9 million for country programmes, compared to $116.6 million in 1990; $49.9 million for intercountry (regional and interregional) programmes, compared to $52.4 million for 1990. Total administrative and programme support services (APSS) expenditures for both headquarters and field offices were $42.3 million in 1991 (net of $3.4 million overhead credits), compared to $37.8 million in 1990 (net of $2.6 million overhead credits). Field office costs were $18.7 million in 1991 compared to $15.6 million in 1990. Agency support costs were $14.2 million in 1991, compared to $14.7 million in 1990. Agency support costs, both in 1990 and 1991, in addition to including all overhead payments to United Nations executing agencies, also included similar costs paid to non-governmental organizations and support costs paid to UNFPA for charges assessed to Government-executed projects and for procurement services to government projects.

- The project expenditure rate (expenditures divided by allocations) was provisionally 80.6 per cent, compared to 80.1 per cent (final) in 1990. The resource utilization rate (expenditures divided by programmable resources, as approved by the Governing Council in decision 89/46 B) was provisionally 102.1 per cent in 1991 compared to 100.2 per cent in 1990.

- 350 new projects were approved in 1991, amounting to $30.7 million, compared to 499 new projects in 1990 amounting to $45.6 million.

- At year's end, UNFPA was assisting 3,910 projects: 2,883 country and 1,027 regional and intercountry projects (1,330 country and regional projects in Africa; 1023 in Asia and the Pacific; 627 in Latin America and the Caribbean; and 430 in the Arab States and Europe; 352 interregional; and 148 global projects). In 1991, 230 projects were completed, bringing the cumulative total of all projects completed through 1991 to 3650.

- For allocations in 1991 by major function, by geographical area, and by country category, see data on page 6 (part I).

Country activities

- 287 new country projects were approved in 1991, amounting to $28.3 million or 18.8 per cent of total allocations of $150.1 million to country projects, compared to 385 new country projects in 1990 amounting to $30.9 million or 26.5 per cent of total expenditures for country projects in 1990.

- Allocations to continuing country projects amounted to $121.8 million or 81.2 per cent of total allocations to country projects, compared to expenditures for continuing country projects amounting to $85.6 million in 1990 or 73.5 per cent of total expenditures for country projects.

- For allocations to country activities, by work plan category, and by priority and non-priority country and regional activities, see tables, page 7 (part I).

Priority countries

. By decision 88/34 I, adopted at its thirty-fifth session in June 1988, the Governing Council, inter alia, approved a revision of the criteria for designation of priority countries for UNFPA assistance. Under the revised criteria, 55 countries have been given priority status. By geographic area, these priority countries number: Africa, 31; Asia and the Pacific, 16; Latin America and the Caribbean, 3; and Arab States, 5. (On 22 May 1990, Democratic Yemen and Yemen merged to form a single State. Since that date, they have been represented as one Member with the name Yemen. The merger reduced the number of UNFPA priority countries from 56 to 55. For a list of priority countries see p. 7.)

. Of the total amount of resources allocated to country programmes and projects in 1991, 71.5 per cent was allocated to these priority countries, compared to 75.0 per cent of expenditures for these countries in 1990.

. Total allocations in 1991 to priority countries amounted to $107.4 million, compared to $87.4 million in expenditures for these countries in 1990.

Intercountry activities

. Allocations for intercountry activities (regional and interregional) totalled $61.9 million in 1991, compared to $52.3 million in expenditures in 1990. By category of activity, these allocations were: regional, $31.9 million in 1991, compared to $27.1 million in expenditures in 1990; interregional, $30.0 million in 1991, compared to $25.2 million in expenditures in 1990.

. Intercountry programmes accounted for 29.2 per cent of 1991 total allocations, compared to 30.9 per cent of expenditures in 1990.

Execution of projects

. The number of projects directly executed by Governments in 1991 numbered 781, compared to 736 in 1990, and totalled $54.5 million or 25.7 per cent of total 1991 programme allocations, compared to $48.2 million or 28.5 per cent of programme expenditures in 1990.

. For allocations in 1991 by executing agency, see table, page 6 (part I).

Programme Review and Strategy Development missions

. In 1991, UNFPA undertook Programme Review and Strategy Development (PRSD) missions to 28 countries - 16 in Africa (Benin, Botswana, Burundi, Cameroon, Cote d'Ivoire, Cabon, Gambia, Guinea, Kenya, Lesotho, Malawi, Namibia, Nigeria, Senegal, Swaziland and United Republic of Tanzania), 4 in Arab States and Europe (Egypt, Jordan, Sudan and Yemen), 5 in Asia and the Pacific (Lao People's Democratic Republic, Nepal, Pakistan, South Pacific subregion and Thailand) and 3 in Latin America and the Caribbean (Brazil, Paraguay and Peru). Three needs assessment missions were undertaken in Arab States and Europe (Bulgaria, Poland and Romania) - bringing the total missions (needs assessment missions and Programme Review and Strategy Development missions) conducted since 1977 through 1991 to 169.

Administration and personnel

. In 1991, administrative and programme support services (APSS) expenditures (provisional), including both headquarters and field office costs, were $42.3 million (net of $3.4 million of overhead credits) or 18.9 per cent of the 1991 total estimated income of $224.2 million. Comparable administrative expenditures in 1990 were $37.8 million or 17.8 per cent of the 1990 income of $212.4 million.

. As of 1 January 1992, in accordance with Governing Council decisions 85/20 of June 1985, 86/35 of June 1986, 87/31 of June 1987, 88/36 of June 1988, 89/49 of June 1989, 90/36 of June 1990, and 91/36 of June 1991, the total number of authorized budget posts numbered 801, comprising 291 Professional (including 112 national programme officers) and 510 General Service staff. These include 107 Professional and 135 General Service posts at headquarters, 2 Professional and 2 General Service posts in Geneva and 182* Professional and 373 local General Service posts in the field.

. The percentage of women on UNFPA's Professional staff at headquarters and in the field rose from over 39 per cent in 1990 to over 41 per cent in 1991, one of the highest percentages among United Nations agencies and organizations. In 1992, the percentage is expected to continue to increase.

. UNFPA continued to maintain a close operational relationship with UNDP, which also provides the Fund on a reimbursable basis with some administrative support for financial and computer services, for personnel administration and travel services and for the processing of Governing Council documents. Following agreement between UNDP and UNFPA on the subvention arrangement, approved by the Governing Council at its thirty-fifth session (decision 88/36), UNFPA's reimbursement to UNDP for the services rendered was set in the budget at $3.2 million for the biennium 1990-1991. In 1991, UNFPA reimbursed UNDP the amount of $1.9 million.

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*Includes 112 national programme officers.

UNFPA PROGRAMME IN 1990 AND 1991: AT A GLANCE

(Data for 1990 are expenditures; data for 1991 are allocations[1])

UNFPA assistance by major function

	In thousand $US		Percentage of total programme	
	1990	1991	1990	1991
Family planning	77 497	93 676	45.9	44.2
Communication and education	28 599	37 813	16.9	17.8
Basic data collection	17 118	18 920	10.1	8.9
Population dynamics	18 896	23 404	11.2	11.0
Formulation and evaluation of population policies	14 822	18 678	8.8	8.8
Implementation of policies	81	150	0.1	0.1
Multisector activities	4 193	7 375	2.5	3.5
Special programmes	7 608	12 002	4.5	5.7
Total	168 814	212 018	100.0	100.0

UNFPA assistance by geographical region

	In thousand $US		Percentage of total programme	
	1990	1991	1990	1991
Africa	49 569	67 685	29.4	31.9
Arab States and Europe	17 758	20 775	10.5	9.8
Asia and the Pacific	57 070	70 946	33.8	33.5
Latin America and the Caribbean	19 179	22 545	11.4	10.6
Interregional and Global	25 238	30 067	14.9	14.2
Total	168 814	212 018	100.0	100.0

UNFPA assistance by country/intercountry category

	In thousand $US		Percentage of total programme	
	1990	1991	1990	1991
Country	116 516	150 091	69.0	70.8
Intercountry	52 298	61 927	31.0	29.2
Total	168 814	212 018	100.0	100.0

UNFPA assistance by country category, all regions

	In thousand $US		Percentage of total country programme	
Priority country	87 446	107 441	75.1	71.6
Other country	29 070	42 650	24.9	28.4
Total	116 516	150 091	100.0	100.0

UNFPA assistance by executing agency

	In thousand $US		Percentage of total programme	
	1990	1991	1990	1991
Government-executed projects[2]	48 184	54 505	28.5	25.7
United Nations	25 922	27 535	15.4	13.0
Regional commissions	10 297	10 720	6.1	5.0
ILO	11 380	15 368	6.7	7.2
IBRD	0	142	0.0	0.0
FAO	5 091	7 775	3.0	3.7
UNESCO	11 497	14 186	6.8	6.7
UNEP	108	61	0.1	0.0
WHO	24 657	23 106	14.6	11.0
UNICEF	578	2 750	0.3	1.3
UNFPA[3]	10 600	27 070	6.3	12.8
UNIDO	0	18	0.0	0.0
Non-governmental organizations	19 403	25 428	11.5	12.0
UNDP (OPS)	1 097	3 354	0.7	1.6
Total	168 814	212 018	100.0	100.0

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[1] Expenditure data for 1991 are not available until after the due date for submission of this document to the Governing Council.

[2] Includes UNFPA assistance to procurement for Governments' projects as follows: $15.5 million in 1990 and $13.4 million in 1991.

[3] See footnote 2.

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UNFPA expenditures (1990) and allocations (1991), by region

	AFRICA (SUB-SAHARAN)				ARAB STATES AND EUROPE				ASIA AND THE PACIFIC			
	(in US$ 000)		Percentage of total programme	Percentage of total programme	(in US$ 000)		Percentage of total programme	Percentage of total programme	(in US$ 000)		Percentage of total programme	Percentage of total programme
By major sector	1990	1991	1990	1991	1990	1991	1990	1991	1990	1991	1990	1991
Family planning	16 055	23 127	32.4	34.2	5 287	7 472	29.8	36.0	37 471	42 762	65.7	60.3
Communication and education	10 356	16 719	20.9	24.7	4 043	3 832	22.8	18.4	7 520	9 446	13.2	13.3
Basic data collection	8 135	8 742	16.4	12.9	1 767	1 843	9.9	8.9	4 159	4 425	7.3	6.2
Population dynamics	5 862	5 862	11.8	8.7	3 470	3 744	19.5	18.0	3 195	5 733	5.6	8.1
Formulation and evaluation of population policies	5 907	7 854	11.9	11.6	1 135	1 268	6.4	6.1	1 503	2 019	2.6	2.8
Implementation of policies	0	0	0.0	0.0	81	150	0.5	0.7	0	0	0.0	0.0
Multisector activities	1 518	3 015	3.1	4.4	361	1 183	2.0	5.7	1 368	1 705	2.4	2.4
Special programmes	1 736	2 366	3.5	3.5	1 614	1 283	9.1	6.2	1 854	4 856	3.2	6.8
TOTAL REGION	49 569	67 685	100.0	100.0	17 758	20 775	100.0	100.0	57 070	70 946	100.0	100.0
By country category												
Priority country	31 826	42 428	64.2	62.7	8 884	7 705	50.0	37.1	43 767	54 406	76.7	76.7
Other country	7 524	12 946	15.2	19.1	5 198	8 783	29.3	42.3	5 172	7 349	9.1	10.3
TOTAL COUNTRY	39 350	55 374			14 082	16 488			48 939	61 755		
Regional	10 219	12 311	20.6	18.2	3 676	4 287	20.7	20.6	8 131	9 191	14.2	13.0
TOTAL REGION	49 569	67 685	100.0	100.0	17 758	20 775	100.0	100.0	57 070	70 946	100.0	100.0

	LATIN AMERICA AND THE CARIBBEAN				INTERREGIONAL AND GLOBAL			
	(in US$ 000)		Percentage of total programme	Percentage of total programme	(in US$ 000)		Percentage of total programme	Percentage of total programme
By major sector	1990	1991	1990	1991	1990	1991	1990	1991
Family planning	8 447	9 615	44.0	42.7	10 237	10 700	40.6	35.6
Communication and education	2 292	2 198	12.0	9.8	4 388	5 617	17.4	18.7
Basic data collection	2 093	2 582	10.9	11.4	963	1 329	3.8	4.4
Population dynamics	3 337	4 396	17.4	19.5	3 033	3 669	12.0	12.2
Formulation and evaluation of population policies	1 458	1 604	7.6	7.1	4 819	5 934	19.1	19.8
Implementation of policies	0	0	0.0	0.0	0	0	0.0	0.0
Multisector activities	416	1 101	2.2	4.9	531	371	2.1	1.2
Special programmes	1 136	1 049	5.9	4.6	1 267	2 447	5.0	8.1
TOTAL REGION	19 179	22 545	100.0	100.0	25 238	30 067	100.0	100.0
By country category								
Priority country	2 969	2 902	15.5	12.9				
Other country	11 176	13 573	58.3	60.2				
TOTAL COUNTRY	14 145	16 475						
Regional	5 034	6 070	26.2	26.9				
TOTAL REGION	19 179	22 545	100.0	100.0				

Priority Countries (as modified in 1988 in accordance with 88/34 I)

Africa:
Benin, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Comoros, Cote d'Ivoire, Equatorial Guinea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Senegal, Sierra Leone, Togo, Uganda, United Republic of Tanzania, Zaire, Zambia.

Arab States and Europe
Egypt, Morocco, Somalia, Sudan, Yemen.

Asia and the Pacific
Afghanistan, Bangladesh, Bhutan, China, Cambodia, India, Indonesia, Lao People's Democratic Republic, Maldives, Nepal, Pakistan, Papua New Guinea, Philippines, Solomon Islands, Sri Lanka, Viet Nam.

Latin America and the Caribbean
Bolivia, Haiti, Honduras.

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The figures for 1990 and 1991 are for the priority countries that were so designated in accordance with decision 88/34.

I. REVIEW OF THE PROGRAMME BY GEOGRAPHIC REGION

A. Africa (sub-Saharan)

1. Economic and political developments had a considerable impact on population activities in sub-Saharan Africa in 1991. Economic difficulties at both the international and national level affected economic and social development in the region as well as investment in the social sector. On the positive side, however, the economic crises drew attention to the importance of addressing population problems as an integral part of socio-economic development programmes designed to respond to the needs of the people. Meanwhile, political change spread throughout sub-Saharan Africa, as a wave of democratization swept through numerous countries of the region.

2. The strategy for UNFPA assistance to sub-Saharan Africa (see document DP/1987/37) helped mitigate the negative effects of such developments by continuing to provide a framework for population activities in the region and contributing to the increased attention being given to population factors in the context of socio-economic development. Still, the growing economic crisis limited the effectiveness of UNFPA assistance to the region, even though UNFPA allocations remained more or less the same as in 1990. The crisis not only potentially threatened to set back some of the gains that had been made in the five years since the strategy had first been implemented (see document DP/1991/33 for a status report on the implementation of the strategy), it also posed serious obstacles to the further implementation of countries' population programmes.

3. UNFPA sought to sustain past achievements and expand programme and project activities by, among other things, stepping up its efforts to mobilize multi-bilateral and bilateral resources. For example, as a result of UNFPA's active participation in several donors' meetings in Malawi, the Rotary Club of the Netherlands, the Dutch Government and the British Overseas Development Administration (ODA) agreed to finance, respectively, a community-based family planning project, a women-in-development project, and a community-based contraceptive distribution project. Moreover, in Burkina Faso, Comoros, Ghana, Niger and Nigeria, UNFPA contacted representatives of the European Community (EC), in view of its growing interest in the population field, as reflected in the latest EC/ACP (Africa, Caribbean, Pacific) agreement, namely, the Lomé IV Convention. The Fund also helped Senegal organize its first donors' meeting ever to raise funds for the implementation of population and health projects contained in its Programme of Priority Actions and Investments for Population Activities.

4. As part of its efforts to establish a comprehensive and integrated approach to programming in the region, UNFPA conducted Programme Review and Strategy Development (PRSD) exercises for 14 countries in sub-Saharan Africa (Benin, Botswana, Burundi, Cameroon, Côte d'Ivoire, Gabon, Gambia, Guinea, Kenya, Lesotho, Malawi, Nigeria, Senegal and the United Republic of Tanzania). The Fund used the findings and recommendations of these exercises to help develop the corresponding comprehensive population programmes that it is submitting to the Council this year for its consideration and approval. Whenever feasible, UNFPA tried to synchronize its programming cycle with those of Governments and its partners in the Joint Consultative Group on Policy (JCGP).

5. The Fund had also planned to conduct PRSD exercises in 1991 for Ethiopia, Madagascar, Mali and Zaire, but postponed these exercises until such time that the missions could be carried out safely and efficiently. UNFPA also postponed the preparation of country programmes for Côte d'Ivoire and Sierra Leone in order to be able to complement and supplement the sectoral programmes currently being formulated

in the former and to take into account the population and development policies of the new Cabinet in the latter. The importance of the mid-term programme review in the programming process, now standard in all UNFPA-supported programmes, was amply demonstrated in Uganda, where the results of the review not only helped to reorient the programme but also provided useful inputs for the PRSD exercise planned for 1992.

Maternal and child health and family planning (MCH/FP)

6. MCH/FP activities again received the largest share of assistance in the UNFPA Africa programme, accounting for 34.2 per cent of total allocations to the region. UNFPA extended this support in accordance with the priorities outlined for this sector in the Africa strategy, which include assisting all countries in their efforts to provide better access to information on birth spacing and family planning and to improve and expand the quality of health services in order to reduce infant and early childhood mortality, maternal morbidity and mortality, and high fertility levels. To this end, UNFPA continued to support country activities aimed at extending the coverage of MCH/FP services by, inter alia, integrating family planning into existing MCH service centres, developing the skills of national staff through training in MCH/FP, strengthening the capacity of national institutions to provide technical assistance, and developing and improving the management information and logistics systems for MCH/FP services. The Fund also provided assistance for various seminars and conferences to create awareness among political and opinion leaders concerning the health and demographic benefits of child spacing/family planning, as well as for operations research and studies on such issues as AIDS, infertility, and determinants of maternal and child mortality.

7. In order to ensure the most effective utilization of available resources in the MCH/FP sector, UNFPA strengthened its collaboration with, for example, the United States Agency for International Development (USAID) and the World Bank in the funding of projects and in the conduct of joint programming and evaluation exercises (notably in Namibia and Senegal). The aim of such concerted efforts is to increase contraceptive prevalence and decrease total fertility rates significantly.

8. A critical area of UNFPA support throughout the region was the training of health personnel at all levels in various aspects of MCH/FP service delivery. In Angola, for example, provincial MCH/FP nurses received training in how to manage MCH/FP programmes. In Burundi, UNFPA supported the training of provincial health workers and of doctors in the use of NORPLANT sub-dermal contraceptive implants. In Niger, the number of health personnel trained in IUD insertion, family planning techniques and MCH/FP service statistics increased by 37 per cent over the number trained in 1990. Nurses from Namibia participated in regional training courses at the Mauritius Institute of Health in MCH/FP service delivery and fertility management; and in Benin, UNFPA, in collaboration with UNICEF and the World Bank, organized training courses for doctors, midwives and nurses in family planning techniques.

9. UNFPA continued to support at least one MCH/FP project in each country of the region. These projects were typically targeted at rural inhabitants, the urban poor, women and youth, and aimed, inter alia, at: (a) establishing policies for integrating family planning into MCH services (Niger); (b) decentralizing the delivery of MCH/FP services and extending such services particularly to rural communities (Angola, Gambia, Ghana, Namibia, and Uganda); and (c) upgrading the quality of the services offered by MCH/FP centres in order to make them more effective (Benin, Burkina Faso, Gambia and Guinea-Bissau).

10. Of growing concern is the high rate of adolescent sexual activity and pregnancy, both of which seem to be on the increase in most countries in the region. Within the context of MCH/FP activities, UNFPA provided support, at the request of a number of Governments, to try to sensitize young people about the

implications of such increases for their health and social welfare, reaching them through radio programmes and talks at youth clubs in Angola and through brochures on responsible parenthood prepared in collaboration with the International Planned Parenthood Federation (IPPF) affiliate in Rwanda. Another UNFPA-assisted activity in this area involved a study in Niger on the needs of youth, including those in the area of family planning.

11. UNFPA assistance was also instrumental in helping some countries to adopt or refine national family planning programmes. For example, in the course of 1991, Senegal officially endorsed its national family planning programme, and Rwanda organized a national seminar to discuss its national plan of action for family planning. Participants at the Rwandan seminar recommended the creation of an advisory council comprising all organizations, including non-governmental organizations (NGOs), and institutions involved in family planning activities, to coordinate both the substantive and financial aspects of family planning programmes in the country.

12. In the effort to ensure that MCH/FP programmes are relevant and take account of the socio-cultural situation of sub-Saharan African countries, UNFPA continued to support operations research on a wide variety of topics, including, among many others, attitudes towards adolescent sexuality (Ghana), alternative strategies for delivering family planning services (Ghana), determinants of maternal and child mortality (Niger) and use and acceptance of family planning (Namibia).

13. As part of the Fund's emphasis on improving women's health and reducing the persistently high maternal mortality in the region, UNFPA continued to provide support to sensitize political and opinion leaders on the importance of Safe Motherhood initiatives primarily through national-level conferences on this topic. UNFPA helped organize one such conference in Namibia and another in Angola, both in collaboration with UNICEF.

Information, education and communication (IEC)

14. During 1991, UNFPA supported some 204 IEC projects in sub-Saharan Africa, allocating approximately $16.7 million to the IEC sector, or 24.7 per cent of total allocations to the region. UNFPA-supported activities helped several countries make great strides in their efforts to formulate national IEC programmes and strategies. For example, for the first time, Ghana reached a consensus on a national IEC strategy. In addition to providing a coherent framework to guide and coordinate the formulation and implementation of activities in this area, the strategy will help ensure that each of the many national institutions involved in this sector has an explicit role that fits within this framework. Burundi drafted a national IEC strategy for discussion among government officials as well as between the Government and representatives of the donor community. Two other countries developed IEC strategies -- Mali, to institutionalize family life education in the formal school system, and Rwanda, to disseminate family life education messages to agricultural workers.

15. Other activities supported by UNFPA in sub-Saharan Africa during 1991 included the preparation and distribution of a special publication entitled "Regards sur la population, Eléments de réflexion sur les activités en matière de population" in Niger to sensitize the public at large on various aspects of the population problem in the country; the training of social workers in family life education concepts in the Central African Republic; the introduction of family life education into non-formal programmes aimed at youth and women in Niger and into the training programmes of the Ghanaian Institute of Journalism and the Nigerian Institute of Labour Studies. UNFPA also supported the production of a video cassette in Benin to help the people gain

a better understanding of population concepts and issues, in particular the positive effects of child spacing and the postponement of marriage on the health of mothers and children.

16. In the formal education sector, UNFPA continued to support efforts to integrate population and family life education into the curricula of primary and secondary schools. Programme activities covered, among other things, the training of teachers in the basic concepts of family life education (Burundi, Ethiopia, and the United Republic of Tanzania) and the sensitization of parents to family life education (Burundi).

Population and development

17. Population planning units established with the help of UNFPA in 29 African countries were instrumental in 1991 in sensitizing decision makers to the importance of integrating population variables into the development process and in carrying out studies to provide the information needed to formulate and implement national population policies. In Niger, for example, with the support of the Economic Commission for Africa (ECA) and the Centre for Applied Research on Population and Development (CERPOD), the Population Planning Unit organized a series of workshops for staff from sectoral ministries in order to finalize the draft national population policy. These workshops culminated in a national conference, which reviewed the draft and made recommendations to the interim Government, which in turn approved it. The Unit also established a demographic data bank and developed a dictionary of basic demographic terms in French and Hausa. The Population Planning Unit in Angola prepared a preliminary report on the country's demographic situation as an input into the national report on environment and development. In Gambia, a draft population policy was prepared for discussion by government officials at the end of 1991. In Rwanda, as part of the process to prepare an action programme to implement the national population policy, officially adopted in 1990, the Population Planning Unit organized a seminar for planners from various ministries on integrating population factors into development planning. As part of a similar process in Cape Verde, the country's Population Planning Unit prepared a chapter in the third national development plan on demographic indicators and trends.

Data collection and analysis

18. During 1991, and within the context of the 1990 round of censuses, UNFPA continued to provide support to many African countries to ensure that they had accurate, up-to-date demographic information to develop their population policies and programmes and to measure progress in the implementation of such programmes and policies. Census enumeration took place in five countries (Comoros, Namibia, Nigeria, Rwanda and Uganda), and a pilot census was undertaken in Benin (with the full census enumeration scheduled for the first quarter of 1992). Several countries made progress in processing and disseminating data from previous rounds of censuses. For example, Angola analysed data collected during its 1985 census, and the Central African Republic tabulated and analysed the results of its 1988 census. In Niger, eight technical reports were prepared on such topics as general population trends, marriage, fertility and migration. UNFPA also provided support for preparatory activities such as cartographic work (Benin) and for training in the use of micro-computers for data processing, analysis and dissemination (Angola). UNFPA also approved funding for the Angolan Demographic and Health Survey, which will provide important data on infant, child and maternal mortality, on fertility and on migration, among other things.

Women, population and development

19. Enhancing the status of women in the family and society and promoting their active participation in the socio-economic development of African countries are priority areas of concern in the Fund's strategy for assistance to sub-Saharan Africa. To this end, UNFPA supported a wide variety of activities in numerous countries throughout the region. In Niger, for example, the Fund helped organize training activities in MCH/FP for women leaders, who in turn sensitized others at the grass-roots level about the benefits and availability of family planning services. Niger also initiated, in collaboration with other donors, preparations for a women-in-development strategy which will include population concerns. At the request of the Government of Chad, UNFPA initiated preparations for the upcoming donors' roundtable on women and development to be held in that country in 1992. Ethiopia organized a three-day national symposium on women and development to discuss pertinent issues relating to women's socio-economic status, including level of education, quality of health care and nature of work, as well as their training needs and the legal conventions that affect them. Namibia organized a Pan African Women's Workshop on a wide range of women's issues and concerns. Burundi established a data bank on women-in-development projects and women's issues to facilitate policy formulation, programming and monitoring activities.

Technical cooperation among developing countries (TCDC)

20. UNFPA encouraged and promoted TCDC activities among African countries and, in one instance, between an African and an Asian country. These activities enabled countries in the region to exchange experiences on various issues and to obtain needed technical support in a wide range of areas. For example, national MCH/FP staff from Niger visited Burkina Faso to exchange information on activities relating to responsible parenthood and marriage. The visit facilitated the preparation of a training manual on responsible parenthood, contraceptive methods and AIDS prevention. Angola organized a study tour for its technical personnel to learn from Benin's experiences in introducing population education in the formal school system. Moreover, the National Council on Women and Development in Ghana hosted key officials from the Tanzanian Ministry of Community Development, Women's Affairs and Children and the Union of Tanzanian Women for a 10-day study tour to observe how women's organizations in Ghana mobilize rural women for income-earning and related activities. Two nationals from the Coordinating Unit for the National Family Planning Programme in Burundi visited India to study India's experiences in formulating and implementing IEC activities in support of family planning.

Regional programme

21. Of the total allocations to sub-Saharan Africa of $67.7 million in 1991, the regional programme for sub-Saharan Africa accounted for $12.3 million, or 18.2 per cent. The programme continued to focus on providing technical advisory services, organizing regional meetings and workshops and conducting training and research.

22. The year 1991 marked the final year of a detailed review and assessment of regional IEC training needs in East and Southern Africa. The review, funded jointly by UNFPA and the Canadian International Development Agency (CIDA), indicated a critical lack of training in key functional areas among IEC personnel throughout the subregion. Areas identified as requiring intensive training include, among others, how to organize and manage IEC activities, how to conduct audience research and develop corresponding materials, and how to prepare health workers to be effective communicators of information on family planning. A less-formal situation analysis of training needs in West Africa, also conducted in 1991, led to essentially the

same conclusions. UNFPA has therefore specially tailored its regional training activities for the 1991-1995 programme cycle to address these major training needs.

23. During 1991, the Fund also reviewed regional training activities in Mauritius (for English and French speakers) and Portugal (for trainees from lusophone Africa), in particular those designed to improve the clinical skills of national staff in family planning. In both cases, it was decided that the courses should be restructured so as to place greater emphasis on how to teach clinical skills. Course graduates would thus in future be better able to serve as trainers upon their return to their countries. It was further determined that a site in lusophone Africa should be identified for the eventual relocation of the course now in Portugal.

24. The African Census Training Project, which is funded by Canada through a multi-bilateral arrangement, continued to strengthen capacities of African countries in census activities. An evaluation of the project, commissioned by CIDA during the year, confirmed that, overall, the project had achieved its objectives. The recommendations of the evaluation mission, which call for, inter alia, the extension of the training programme to personnel of provincial statistical offices and social and planning ministries, will be taken into account in future project activities.

25. UNFPA continued to support the demographic training programmes at the Institut de Formation et de Recherche Démographiques (IFORD) in Cameroon and the Regional Institute for Population Studies (RIPS) in Ghana. The Fund took steps to implement the changes recommended by a 1989 evaluation mission, including those to restructure the academic and research programmes of the two institutions and to integrate IFORD into the University of Yaoundé. UNFPA initiated a review of its support to the Institut Africain de Développement Economique et de Planification (IDEP) in Senegal, which has played a key role in providing short-term training for government planners in population and development. The Fund considered the review particularly pertinent at this time in light of emerging needs in the region in this area, the proposal to transfer a centre or centres of the Fund's Global Programme on Training in Population and Development to training institutes in the Africa region, and the need to institutionalize the current training programme in the curriculum of IDEP and to ensure its sustainability. UNFPA undertook a fact-finding exercise in Cameroon, Côte d'Ivoire, Ghana, Nigeria, Senegal, Togo and Zimbabwe to identify suitable institutes to host the Global Programme training centre being transferred to Africa.

26. UNFPA strengthened its collaboration with regional institutions such as the Organization of African Unity (OAU) and the African Development Bank (ADB), although collaboration with the latter had been, until recently, at a rather informal level. UNFPA approved a population and development policy project that will enable the OAU to play an advocacy and catalytic role in promoting the adoption and implementation of population policies among Member States and to establish an OAU Population Commission made up of representatives from national population commissions. UNFPA and ADB prepared a draft agreement to guide collaboration between the two organizations. UNFPA also fielded a mission to assist the ADB to define in detail the content and mechanisms for their future collaboration and to develop strategies for addressing cross-cutting issues related to population activities.

27. UNFPA undertook a critical review of its assistance to the Population Information Network for Africa (POPIN-Africa) and decided to reorient its assistance to focus more on disseminating population information at the country rather than the regional level. Experience and available information indicated that the network had not paid adequate attention to the country level where population information is greatly needed by different users. To facilitate the reorientation process, UNFPA commissioned a review in seven countries (Cameroon, Ethiopia, Ghana, Kenya, Senegal, United Republic of Tanzania and Zimbabwe) to see

which of these had the most appropriate mechanisms and structures to develop a national population information programme and to assess actual and potential user needs. The Fund will take special care to ensure that linkages are established between country-level information activities and the ECA-supported regional POPIN-Africa project.

28. With the assistance of the World Bank, about 30 African countries have launched, or are in the process of launching, social dimensions of adjustment (SDA) programmes that aim at cushioning the negative effects of structural adjustment programmes (SAP) on the poor. In order to ensure that these programmes take population factors adequately into account, UNFPA will second a Population Policy and SDA Adviser to the SDA Unit of the World Bank. The project will enable UNFPA and the World Bank to strengthen the capability and institutional framework of African Governments to integrate population policies and programmes into national development planning. As has been its practice in the past, UNFPA held annual consultations with the World Bank to exchange information and experiences, coordinate programme activities and identify specific countries for intensive collaboration.

29. The year 1991 witnessed the final review and appraisal of the United Nations Programme of Action for African Economic Recovery and Development (UNPAAERD) 1986-1990 and the preparation of the "United Nations New Agenda for the Development of Africa in the 1990s", which was set forth in the annex to General Assembly resolution 46/151 of 18 December 1991. In this connection, UNFPA participated actively in the UNPAAERD Inter-Agency Task Force and in its Steering and Working Committees to ensure that population concerns were given due emphasis.

30. At the initiative of the French Government, and with support from UNFPA and the World Bank, an international conference on "African Development within the Context of Rapid Population Growth" was held in Paris in September 1991. The conference was attended by about 250 participants, half of whom came from African countries. Participants explored, among other things, the most appropriate policy responses to the challenge of development in an environment of high and rapid population growth.

B. Arab States and Europe

1. Arab States

31. Interest in population policies and activities continued to heighten in many countries in the region during 1991. For example, Jordan and Yemen convened high-level meetings to discuss the formulation and adoption of national population policies and strategies and to provide a national forum to help create awareness among policy makers of the importance of population issues in development planning. Yemen subsequently adopted a national population policy, and Jordan confirmed its child-spacing policy. Moreover, the results of a Pan Arab Project for Child Development (PAPCHILD) survey in Egypt showed an upward trend in use of contraceptives in that country from 38 per cent in 1988 to nearly 48 per cent in 1991. Increases in contraceptive prevalence and decreases in birth rates were also reported in Jordan.

32. Population programming continued to expand in most countries in the region in 1991. Several countries took steps to improve the supply and distribution of contraceptives (Algeria, Egypt, the Syrian Arab Republic and Tunisia), and some sought to strengthen logistics systems for MCH/FP and related services (Egypt, the Syrian Arab Republic and Tunisia). Concern for the interrelationship between population growth and distribution, the environment and natural resources increased in the region, in particular in Egypt, Jordan and Morocco. Other activities in the region during the year focused on such issues as migration (Algeria,

Djibouti, Jordan and the Sudan) and data collection and analysis (Djibouti, Egypt, Jordan, Yemen, and the Gulf countries, including preparations for the first-ever population census in Oman). UNFPA conducted PRSD exercises in 1991 for Egypt, Jordan and Yemen. The findings and recommendations of each were used to develop concrete strategies for the respective country programmes being submitted to the Governing Council this year.

33. A major subregional event during the year was the first Maghreb Safe Motherhood Conference, hosted in Marrakesh, Morocco, in October by the Ministry of Health under the patronage of H.M. King Hassan II. Over 100 delegates from five Maghreb countries (Algeria, the Libyan Arab Jamahiriya, Mauritania, Morocco and Tunisia) attended the Conference, which was funded by UNFPA in cooperation with USAID. The delegates, together with 10 international experts, discussed the economic and socio-cultural causes of maternal and peri-natal mortality as well as the medical causes. Participants also examined the expanding functions of health personnel, including that of training; the role of IEC activities in support of Safe Motherhood; and research methodologies and results in this important area. In order to provide ongoing support and effective advocacy for the Safe Motherhood initiative in the subregion, Conference delegates concluded their work by establishing a Mahgreb Committee for Safe Motherhood.

34. Overall, allocations to the Arab States region during 1991 totalled $17.3 million, with MCH/FP accounting for 37.1 per cent of the total, followed by IEC, 21.3 per cent; population dynamics, 17.2 per cent; special programmes, including those addressing women's issues, 6.7 per cent; basic data collection and analysis, 7.3 per cent; and population policy formulation, 4.7 per cent. Multisectoral activities accounted for the remaining 5.7 per cent. The following highlights of activities in individual countries give some insight as to how this assistance was used.

35. The UNFPA country programme in Algeria was instrumental in further supporting and promoting population activities and in enhancing awareness of population issues, in particular through contacts with the mass media. During 1991, the Fund provided further technical assistance to formulate and develop project proposals within the context of the programme. Algerian officials participated in a meeting at UNFPA headquarters in July to review and discuss technical issues relevant to the local production of oral contraceptives. On the basis of that meeting, UNFPA is providing assistance to help the Government formulate a project whose aim is to make Algeria self-reliant in the production of contraceptives. Drawing on UNFPA support channeled through the National Statistical Office, the Association of Maghreb Demographers held its Eighth Demographic Symposium in Algiers in October. Among the issues discussed were infant and child mortality; education, training and employment prospects for youth; and the migration of youth throughout the countries of the Maghreb.

36. The UNFPA-funded intercensal demographic survey in Djibouti was completed in 1991. Its aim was to obtain estimates of the main demographic indicators in the country, in particular with regard to fertility, mortality and migration. As part of Djibouti's efforts to strengthen MCH/FP services throughout the country, UNFPA helped formulate an MCH/FP project based on the findings and recommendations of a sectoral review that was conducted in May 1991.

37. Ongoing programme activities in Egypt during the year focused on completing established work plans and finalizing preparations for the PRSD mission that was fielded in October. These endeavours were instrumental in the subsequent development of the fifth five-year (1992-1996) programme of UNFPA assistance to Egypt being submitted to the Governing Council this year for its approval. The main goals and strategies of the proposed programme include: increasing and sustaining contraceptive prevalence and bridging

the gap between rural and urban fertility levels by focusing on extending outreach of family planning services in Upper Egypt; developing a coherent IEC strategy to reach underserved and underprivileged groups; promoting awareness of the linkages between population, the environment and natural resources; improving the status of women and effectively integrating them into the development process; and promoting better programme coordination within national institutions and among the donor countries.

38. A national Conference on Population and Basic Needs for 1991-2005 was held in Amman, Jordan, in September 1991 to discuss the projected impact of population factors on various socio-economic sectors. Participants examined population growth and distribution in the context of such basic needs as education; human resources and migration; housing and public utilities; water and food security; and health care, in particular that of mothers and children. The Conference initiated a national dialogue on the importance of population factors in social and economic development and helped increase awareness among policy makers of this and related issues. Members of the PRSD mission that visited the country in September-October attended the Conference and assisted the Government in formulating a national population strategy. This strategy forms the basis of the UNFPA country programme for 1992-1996, which is being submitted to the Governing Council this year for its approval.

39. With the resumption of United Nations activities in Lebanon, UNFPA commissioned a study of the current population situation there in order to identify specific areas requiring the most immediate attention. UNFPA is also exploring ways and means of assisting the Government and its national Council for Reconstruction and Rehabilitation in addressing the country's population problems.

40. The uneasy situation created by the war in the Persian Gulf in the early part of the year delayed the implementation of most training, research and evaluation activities in Morocco until the middle of the year. The pace of activities picked up during the second half of the year, as international experts assisted national staff in evaluating the effectiveness of MCH/FP activities and the impact of population education in the school system. The findings and results of the evaluations are being used in the development of sectoral strategies for the fourth UNFPA country programme (1992-1996), which was approved by the Governing Council in June 1991. This is being accompanied by the identification and formulation of corresponding sectoral activities.

41. UNFPA approved a project to support the conduct of the 1993 Population and Housing Census in Oman, the first census ever to be undertaken there. Preparatory activities for the census, including mapping, are progressing well. The cost of the project will be shared equally by UNFPA and the Government under a trust fund arrangement. The project is making use of the TCDC modality.

42. Despite economic and logistical problems and a reorientation of development efforts towards emergency operations, UNFPA activities in Sudan progressed satisfactorily during 1991, marking the end of the second UNFPA country programme (1987-1991). Project activities focused on completing remaining work plans and reviewing and evaluating project performance. Noteworthy accomplishments include the successful implementation of a pilot project in cooperation with UNICEF aimed at training traditional birth attendants (TBAs) as MCH/FP service providers in rural areas; the completion of the processing and analysis of data from a national survey on migration and the labour force; and the extension of IEC activities to include workers and labour union leaders and the holding of various workshops and seminars to raise awareness of influential community leaders. Of particular importance during the year was the preparation of an interim programme (1992-1993) of UNFPA assistance to the Sudan. The proposed programme, which coincides with the programming cycles of the Government as well as of the other members of the JCGP, reflects the findings

of sectoral evaluations that were conducted for the two major programme areas of UNFPA assistance in the Sudan, namely, MCH/FP and data collection and analysis.

43. The UNFPA programme of assistance to the Syrian Arab Republic for 1990-1994 progressed satisfactorily during the second year of its implementation. Such assistance helped to strengthen and expand family health services, provide contraceptive supplies and reinforce the MCH/family health logistics system. In addition, UNFPA approved a project to establish a Population and Development Information Unit within the Ministry of Information. This Unit will develop and implement a national IEC strategy for population. To this end, the Government formed an advisory committee chaired by the Minister of Information. UNFPA also provided assistance to support the Government's efforts to reform the country's vital statistics system.

44. In Tunisia, 1991 witnessed the end of the fourth UNFPA country programme and the beginning of the fifth, which was approved by the Governing Council at its thirty-eighth session. The major activity during this year of transition was the formulation of the programme's largest project, which seeks to expand MCH/FP services to the underserved areas of the western, central and southern regions of the country. This massive project, which accounts for 60 per cent ($6 million) of the programme's total budget, provides assistance, inter alia, to establish a management information system (MIS) to help monitor the development of project activities, and to formulate a national strategy to enable the Government to procure contraceptives directly. Negotiations between UNFPA and the Government are also under way to formulate a project to support the National Research, Documentation and Information Centre on Women in, among other things, using information, research and documentation on women's issues to guide the implementation and monitoring of the development strategy, and analysing the contribution of various government institutions and NGOs in efforts to integrate women into the development process.

45. Preparations for the first UNFPA country programme in unified Yemen began in early 1991 with the progressive merger of the former programmes for the People's Democratic Republic of Yemen and the Yemen Arab Republic. An integral component of this process was the fielding of a PRSD mission to Yemen in July-August 1991. Based on the findings and recommendations of the mission and on subsequent discussions of them with the Government, UNFPA developed a country programme (1992-1996) for submission to the Governing Council in 1992. In conjunction with this programming exercise, Yemen drafted a national population strategy document, which was later approved by the Government, and held the country's first National Population Policy Conference in October. The Conference, organized in collaboration with UNFPA, UNICEF, USAID and the Government of the Netherlands, among others, represented the country's highest commitment to date towards population programmes and strategies, since it was held under the patronage of the President of the Republic. Participants discussed a wide range of population issues put forth in some 17 technical papers and endorsed a comprehensive plan of action. The preparatory activities for the Conference were in themselves highly significant in that they constituted a national forum for enhancing awareness on population issues at all levels, especially among policy makers and planners.

Regional programme

46. The year 1991 marked the end of the first four-year cycle of the Fund's intercountry programme. The programme's regional research component for the Arab States recorded numerous major achievements during 1991, not the least of which was the completion of a seminal study "The Legacy of Family Planning in Islam", which will be published and distributed some time in mid-1992. Other notable accomplishments included the completion of the technical documentation of PAPCHILD, the successful conduct of the PAPCHILD integrated socio-economic-demographic-health survey in Mauritania, Egypt and Yemen, and the

wide dissemination of the results of the surveys of Mauritania and Egypt. The International Islamic Centre for Population and Research Studies of Al-Azhar University (Cairo, Egypt) organized the first International Conference on Bioethics in Human Reproduction, under the patronage of His Eminence the Grand Sheikh of Al-Azhar, and continued its efforts to help countries of the region gain a better understanding of the position of Islam towards family planning.

47. The year 1991 also witnessed a slow-down of UNFPA-funded regional activities with the Economic and Social Commission for Western Asia (ESCWA) and the League of Arab States due to the Gulf War and the move of the League of Arab States back to Cairo. Assistance channeled through the regional programme also enabled regional advisers to continue to provide technical backstopping for country-level activities in various fields, including MCH/FP, IEC, data collection and analysis, and population and development planning. Regional funds were also used to publish technical documents, particularly those dealing with IEC activities, as reference books.

48. Among the regional activities making use of joint funding arrangements was the Gulf Survey, a four-year survey programme of the social, economic, demographic and health situation of the Gulf countries, particularly of mothers and children and including information on family planning. The survey, the first of its kind to be conducted in the Gulf countries, is being co-funded by WHO, UNICEF, UNFPA and the Arab Gulf Programme for the United Nations Development Organizations (AGFUND). The survey was completed in 1991. It is expected that the analysis of its results will be widely disseminated in early 1992. Another important joint project moved closer to implementation as steps for launching the Regional Centre for Women Training and Research were completed, and funding from AGFUND, UNFPA, IPPF and UNDP confirmed. Jordan, Lebanon and Tunisia continued to express their interest in hosting this regional centre.

2. European region

49. Responding to emerging needs in Central and Eastern Europe, UNFPA fielded needs assessment missions in 1991 to Bulgaria, Poland and Romania at the request of the respective Governments. The Fund also organized reviews of the regional activities of the Economic Commission for Europe (ECE), the Europe Regional Office (EURO) of WHO, the United Nations Educational, Scientific and Cultural Organization (UNESCO), and IPPF in order to get a better understanding of how best to address such emerging needs and to revise proposed future programmes accordingly.

50. UNFPA approved a project to introduce modern contraception in Albania for the first time, as part of UNFPA's programme of assistance to that country. Most of the activities of the country programme approved by the Governing Council in 1990 became operational during 1991, including one project to analyse census data and another to establish a Population Studies Unit in the Faculty of Economics at Tirana University. An IEC project to educate women about birth spacing and responsible parenthood will be finalized once the relevant national implementing agencies are in place.

51. UNFPA's first needs assessment mission to Bulgaria took place in November 1991. Following the recommendations of this mission, project requests are being prepared in various areas. Findings of the mission are also being shared with other donor organizations active in the country.

52. As expected, the UNFPA-funded studies on the causes and patterns of mortality in Hungary, which were assisted by WHO, were concluded in 1991. UNFPA also provided assistance to install optical storage technology in the Hungarian Central Statistical Office, in order to improve user access to demographic data.

53. Two major developments during 1991 helped lay the groundwork for future UNFPA support for population activities in Poland. The first was the fielding of a needs assessment mission in February. Its findings are currently under review and consideration. The second was the forming of a national commission composed of officials from the Government Population Commission, the Ministry of Health and the Ministry of Foreign Economic Relations to review priorities for external assistance in the field of population.

54. The year 1991 was perhaps the penultimate year of UNFPA assistance to Portugal as it prepared to shift in status from a recipient to a donor country. The three UNFPA-assisted projects currently being implemented there will be ending in 1992. These projects have focused on developing informational and educational materials on family planning, concentrating in particular on sex education for adolescents and on AIDS, and on extending family planning services to all health centres and to 50 per cent of the country's health posts.

55. A needs assessment mission visited Romania in March 1991. In addition to reviewing the mission's recommendations for future UNFPA assistance, the Fund shared the mission report with other donors active in the population sector in Romania. At the request of the Government, UNFPA is considering providing technical assistance for a family planning component of a health programme funded by the World Bank. UNFPA is already providing assistance for preparatory activities for the 1992 population census, for which the United Nations is serving as the executing agency. The results of this census, the first full census in many years, will provide important inputs for the planning activities of the various sectoral ministries.

56. Overall, the UNFPA-supported country programme in Turkey made positive gains despite the negative impact of the Gulf war on activities in the southeastern part of the country, where, for example, training in MCH/FP had to be temporarily suspended during the first part of the year. One particularly important activity during 1991 was a baseline survey conducted by the Institute of Population Studies of Hacettepe University in 11 provinces to determine the situation of MCH/FP services and the use of health facilities there.

57. During 1991, UNFPA provided assistance to Yugoslavia for ongoing training of planners, researchers and academics in methodologies for integrating demographic variables into socio-economic planning, with technical assistance from the United Nations. UNFPA also funded a national NGO-executed survey on the reproductive behaviour and status of women.

Regional programme

58. The final year of the current regional programme cycle in Europe was marked by a review of ongoing activities and by preparations for activities to be taken up in the next cycle (1992 - 1995), following the Council's approval of that programme in June 1991.

59. The pilot phase of the programme to conduct fertility and family surveys in selected ECE member countries, executed by the ECE, was successfully completed, and preparations were made to expand this internationally coordinated effort to collect and analyse data on these two important areas. Other important regional activities during the year included the holding of an expert meeting on international migration, organized by the ECE in cooperation with UNFPA, the identification of policy-relevant issues requiring further study and the formulation of plans to develop a better system to monitor international migration in the European region. The ECE completed work on a project to promote the integration of population policies

into socio-economic policies (the results are to be included in the final report) and published two major volumes on the findings of another ECE-executed project on the dynamics of population ageing.

60. With UNFPA assistance, the Regional Office of WHO in Copenhagen, Denmark, continued to provide support to develop, monitor and review MCH/FP programmes in the region. The Office paid particular attention to the emerging needs of Central and Eastern European countries, in order to assist them in establishing or strengthening modern family planning programmes. UNFPA also provided assistance to WHO for the publication of "Entre Nous", the quarterly magazine for family planning workers in Europe.

61. Through March 1991, over 108 fellows from developing countries had attended training courses at the International Institute on Aging in Malta, addressing such issues as social gerontology, income security for the elderly, geriatrics and gerontology. In addition, 40 officials from 25 countries attended a seminar at the Institute on disability statistics, which was co-hosted by the United Nations Statistical Office and UNFPA.

62. The University Medical School at Debrecen, Hungary, was the site of the final course in a series of postgraduate training courses on family planning for participants from developing countries. The findings of an external evaluation of this course, which was undertaken with technical assistance from WHO, will be further reviewed by both WHO and UNFPA. The year 1991 also saw the end of the international training workshop on the use of population projections for socio-economic planning, implemented by the Institute of Statistics and Demography of the Central School of Planning and Statistics in Warsaw, Poland.

C. Asia and the Pacific

63. In the Asia and Pacific region, despite declining fertility rates in many of the Asian countries, rapid population growth remains one of the biggest obstacles to social and economic development. As a result, there is an increasing demand for UNFPA support to continue and expand population programmes in most countries and to initiate population activities in those countries which, until recently, have been only marginally involved in such activities.

64. The Governing Council at its thirty-eighth session approved new country programmes for Bangladesh, India and Malaysia. During 1991, UNFPA conducted PRSD exercises for Bhutan, the Lao People's Democratic Republic, Nepal, Pakistan, Thailand and the South Pacific subregion in order to assist the Governments in developing comprehensive population strategies.

65. In 1991, UNFPA allocations to country and regional activities in Asia totalled about $70.9 million, or 33.5 per cent of total UNFPA programme allocations. MCH/FP continued to be the Fund's priority area of assistance, accounting for 60.3 per cent of the allocations. UNFPA-assisted MCH/FP programmes focused on providing training, supplying essential medical supplies, including contraceptives, and supporting local production of contraceptives. IEC activities constituted the second largest allocation of resources in the region (13.3 per cent). A comparatively smaller proportion of UNFPA resources went to population dynamics (8.1 per cent) and basic data collection (6.2 per cent).

66. UNFPA also supported activities in the area of women, population and development, placing increasing emphasis on enhancing the role of women in the development process. The Fund approved a number of new projects, many of which combined income-generating activities with efforts to reduce fertility and improve women's health. UNFPA has also been working actively with NGOs in various countries of the region. For example, 28 per cent of the UNFPA projects in the Philippines are being implemented by NGOs.

Moreover, UNFPA and the World Bank co-sponsored a seminar on "Collaboration between Government and NGOs for MCH and FP Programmes", which was hosted by Indonesia in October. The seminar provided an effective forum to discuss government policies and experiences in this important area.

67. Technical cooperation among developing countries (TCDC) in the Asia and Pacific region reached new heights during the year. For example, UNFPA increased its efforts to strengthen selected educational institutions in the region to meet the numerous demands for family planning-related training. Moreover, as a result of UNFPA-funded TCDC activities in the area of training, over 300 people received training in demography, population data analysis, human reproduction and modern contraceptives, and management, while 187 family planning officials undertook study tours to learn from the experiences of other developing countries.

68. UNFPA also stepped up its efforts to enhance donor collaboration and programme coordination in the region. The Fund held periodical meetings and consultations with the World Bank, the Asian Development Bank and other donors, both at headquarters and in the field. As a result of collaborative donor efforts, Australia helped support a family welfare project in India and a population statistics project in Thailand, and Finland provided support for the 1991 census in Nepal. In Bangladesh, UNFPA and the World Bank embarked on substantive collaboration on an intersectoral population programme, particularly in the areas of MCH/FP and population education. The Fund continued to work closely with its partners in the Joint Consultative Group on Policy (JCGP), in particular with UNICEF, with which it jointly organized a workshop in Nepal in June, to identify areas best suited for UNFPA/UNICEF collaboration. UNFPA, UNICEF and WHO co-sponsored the National Conference on Breastfeeding in Bangladesh, and the UNFPA/UNICEF joint project to improve MCH/FP service delivery in 300 counties in China made impressive progress. In Indonesia and Pakistan, UNFPA field offices participated in a review of project proposals from donor agencies with a view to strengthening the population dimension in these development activities.

69. In Afghanistan, owing to the political situation, UNFPA concentrated its assistance on MCH/FP activities in the capital and surrounding areas. The Fund offered a number of refresher training courses in MCH/FP for various categories of family planning-related workers, developed family planning manuals for midwives and supported a survey on the effects of frequent pregnancy on maternal health. UNFPA also provided services to the Afghan refugees settled in and around Peshawar, Pakistan, to encourage child-spacing practices among Afghan women refugees.

70. In Bangladesh, the implementation of development programmes as a whole suffered during the first half of the year due to the political situation and the devastating cyclone in April. The UNFPA fourth country programme, therefore, did not commence until mid-year. Nonetheless, Bangladesh was able to conduct its population and housing census in mid-March and to prepare a project framework for the follow-up phase of census taking. It also completed preparatory activities for feasibility studies on manufacturing contraceptives locally (condoms, IUDs and injectables) and set up a national task force to draft a national IEC strategy.

71. For Bhutan, 1991 was the concluding year of UNFPA's first country programme. The UNFPA-supported MCH/FP project made steady progress in extending services to underserved remote areas. UNFPA assistance also helped to train doctors to perform vasectomies, to construct and equip 14 additional basic health units, and to introduce a population education programme into the formal school curricula.

72. During the course of the year, UNFPA, in cooperation with FAO, supported projects in rural areas of nine provinces in China to enhance women's status through literacy programmes, skills training in family

planning education and revolving funds to provide interest-free loans to develop enterprises. UNFPA also supported the efforts of the State Family Planning Commission to better train its grass-roots family planning workers in, among other things, interpersonal communications, as one of the country's major initiatives to promote family planning through education. UNFPA continued to assist China in developing its capacity to produce modern contraceptives. It is expected that by the end of the current country programme (1994), China will be self-sufficient in meeting its needs for modern contraceptives. During the first 18 months of the joint UNFPA/UNICEF project to improve MCH/FP service delivery in 300 of China's poorest counties, approximately 120,000 village doctors and 8,000 township doctors have been trained in priority MCH/FP skills.

73. During the year, preparations for the first modern census in the Democratic People's Republic of Korea progressed smoothly with UNFPA's assistance. Eleven professionals visited China and Thailand to learn census planning and organization, and 10 statisticians received training in data processing, computer software application and population statistics. In addition, 25 people traveled abroad for training in various population-related subjects.

74. The Republic of Korea continued to share the experiences of its successful family planning programme with participants from other countries in the region. For example, the Korean Institute for Health and Social Affairs and the Planned Parenthood Federation of Korea conducted three international training workshops: one for family planning personnel; another for women leaders working in community development and family planning; and the third for family planning IEC workers. A total of 60 persons from 15 countries participated in these training workshops.

75. In 1991, India embarked on the fourth UNFPA country programme, allocating almost half of the year's programme funds for area development projects in Himachal Pradesh, Maharashtra and Rajasthan. Project highlights included the organization of district-level planning workshops in Himachal Pradesh, the monitoring of construction of health facilities in Himachal Pradesh and Rajasthan, and the completion of a baseline survey and an assessment of training needs in Maharashtra. Another project provided access to credit facilities for more than 1,000 women from the slum areas of Madras and the surrounding rural areas. New initiatives included the formulation of a women, population and development project in Haryana, a proposal to introduce NORPLANT sub-dermal contraceptive implants in selected areas and the creation of awareness among semi-urban populations by displaying board-size population clocks. UNFPA approved new projects in 1991 to provide family welfare education and services for industrial workers as well as for milk producers in 30 villages of Gujarat.

76. With the launching of the fourth country programme in January, UNFPA supported the Government of Indonesia's efforts to institutionalize its national family planning movement, to improve the quality of family planning services, to decentralize responsibility for programme activities from the central to the provincial level, and to address the special concerns of women and youth. The UNFPA programme also supported innovative initiatives, primarily through NGOs, to provide more effective family planning services in low-income areas and to address the reproductive health needs of adolescents. Moreover, the State Ministry for the Role of Women sought to identify the productive and reproductive needs of women and to ensure that such needs were taken into account in the development planning process, particularly at the grass-roots level.

77. UNFPA-assisted activities in the Islamic Republic of Iran included the training of rural midwives and family planning advocates. Thirty training centres have been established, and some 370 trainees have completed the training courses and are practising in their home villages. UNFPA also supported three new

projects on data collection and processing, population education, and population research, all of which are now operational.

78. In the Lao People's Democratic Republic, UNFPA continued its support to improve the national vital registration system and to implement the country's MCH/birth-spacing programme. The Fund recruited a consultant to assist in setting up MCH/birth-spacing clinics in two hospitals in Vientiane. In December, UNFPA fielded a PRSD mission to help formulate the first UNFPA programme of assistance to the country.

79. A new country programme (1992-1995) for Malaysia was approved by the Governing Council in 1991. UNFPA continued to assist the Government in its efforts to achieve a higher degree of self-reliance in population activities, providing support for such activities as training, research and institution building. Participation by relevant officers from various states in a workshop to discuss ways to improve census coverage proved useful in their subsequent work on the population census in September. The Ministry of Health trained medical personnel in various aspects of perinatal health care, including identifying women at highest risk during pregnancy. The Ministry also conducted community training in basic health for 277 community leaders and 251 TBAs throughout the country.

80. UNFPA assistance in the Maldives focused on improving MCH/FP service delivery through the training of health staff and the procurement of contraceptives. The Fund also supported activities to create awareness on pertinent health and population issues by organizing workshops and seminars for traditional community leaders. Other UNFPA-assisted activities included the introduction of population education into the primary school curricula and the analysis of the 1990 census.

81. During the year, UNFPA provided emergency medical supplies and contraceptives to Mongolia, along with limited training for medical personnel in MCH as well as support for a national meeting on Safe Motherhood and family planning. The Fund fielded a programming mission in May, and, in close consultation with the Government, developed UNFPA's first programme of assistance to Mongolia, which is being presented to the Council this year for its consideration and approval.

82. In Myanmar, the Government requested UNFPA's assistance and advice in conceptualizing and formulating a national population policy and in designing a national family planning programme to be launched by the Ministry of Health. During the year, UNFPA made arrangements for a technical mission to visit Cambodia in January 1992, to consider potential activities in the areas of demographic data collection and family planning service delivery.

83. In Nepal, 1991 was a bridging period between UNFPA's second and third programme cycles. The major programme outputs of the year included the conduct of a population and housing census and dissemination of preliminary results; establishment of a Master's Degree programme in population studies; training of 12 senior nurses in administering Depo Provera and 20 physicians in inserting NORPLANT implants; and the orientation of some 3,600 Female Community Health Volunteers, 739 Village Health Workers and 2,547 primary school teachers in the basics of MCH/FP. Another important undertaking was the conduct of a survey on fertility, family planning and health status.

84. In order to assist the Government in its efforts to design a new strategy for population programmes, UNFPA sent a high-level mission to Pakistan in March to appraise the country's current programme. This was followed by a series of sectoral reviews conducted by national consultants, as well as by a PRSD mission during October-November. Meanwhile, UNFPA continued to assist the training programmes at 12 Regional

Training Institutes, which serve as the backbone for training paramedical personnel within the population programme. During the year, UNFPA helped three institutes revise their curricula by organizing a series of technical seminars and discussions with their staff. The Fund also assisted 147 Family Welfare Centres mostly in urban and semi-urban areas in providing family planning services. Moreover, UNFPA approved a new project aimed at creating awareness of population issues among industrial workers and their families.

85. In the Philippines, a UNFPA-supported training course helped train a substantial number of policy makers and planners at the national and regional levels in integrating population into development planning. The Fund also helped organize regional conferences for legislators, governors and mayors on such issues as population dynamics; child survival; women, population and development; and population, the environment and development. In the area of MCH/FP, UNFPA supported training in family planning for Department of Health and NGO personnel; helped establish and maintain 13 NGO-run family planning clinics and extend additional support to 69 such clinics; and trained various parties including managers and labour leaders to institutionalize family planning and family welfare activities in the workplace. During the year, UNFPA approved five new projects, four of which are to be directly executed by the Government or by local NGOs.

86. In the South Pacific subregion, UNFPA continued to assist multisectoral population activities in the Cook Islands, the Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Papua New Guinea, the Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu and Samoa. A number of countries in the subregion made progress in formulating population policies. In Papua New Guinea, which launched a national population policy in 1991, UNFPA supported efforts to establish and strengthen the Population Planning Unit under the Ministry of Finance and Planning. The Federated States of Micronesia, Marshall Islands, and Solomon Islands also carried out preparations for the formulation of population policies.

87. UNFPA-funded MCH/FP activities in the South Pacific included training in health management for national and provincial health authorities, training of traditional birth attendants (TBAs), procurement of contraceptive supplies, development of health education materials and development of health information systems. The introduction of NORPLANT sub-dermal implants to some of the Pacific countries, particularly in the Marshall Islands, has been very promising, with a noticeable increase in the family planning acceptance rate. The UNFPA-assisted in-school and out-of-school population education projects in nine countries were successful, as were family life education projects in six countries. During the year, UNFPA also supported projects specifically dealing with women, population and development in Papua New Guinea and Fiji. Following the PRSD exercise undertaken in March/April, the Fund formulated a subregional programme for 14 Pacific Islands as well as a separate country programme for Papua New Guinea. Both are being submitted to the Governing Council this year for its consideration and approval.

88. The procurement of contraceptives continued to be an important part of UNFPA's assistance to Sri Lanka, as the Fund responded to the country's growing need for modern temporary methods of contraception which accompanied the gradual shift in Sri Lanka's family planning programme away from sterilization (mainly female) to providing as wide a selection of contraceptives as possible. UNFPA's strategy of concentrating its assistance on efforts to improve MCH/FP service delivery to those working on plantations has contributed to the lessening of disparities in mortality and morbidity rates between this subgroup and the country as a whole. During the year, UNFPA also addressed such emerging concerns as the spread of AIDS and the relationship between population and the environment. Information on AIDS has been incorporated in all training courses for health personnel working in UNFPA-assisted projects.